POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ALMAZ		05-10-01
O.I.P.E. CLASSIFIER		29	5/29/01
FORMALITY REVIEW	H. S	866	06.02.01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
− (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Original	Date
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional she t h r

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